

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | |
|---|----------|-----|------------------------|-----|------------------------|--------------|-------------|-----|
| | | | | | | 10785190 | | |
| | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 2 | | | | | | | |
| TOTAL DEP. | 22 | | | | | | | |
| TOTAL CLAIMS | 24 | | | | | | | |
| TOTAL IND. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |